Infrastructure status to health sector

1245. SHRI T.T.V. DHINAKARAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is proposed to accord infrastructure status to health sector;

(b) if so, the details thereof; and

(c) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) At present there is no proposal to confer infrastructure status to the health sector in the country. However, to imprdve the availability of and access to quality health care services to people, especially for those residing in rural areas, the poor, women and children, the Union Government launched National Rural Health Mission in April, 2005. The Mission seeks to establish functional health facilities in the public domain through revitalization of the existing infrastructure and creation of additional infrastructure as required. The Mission also seeks to improve service delivery by putting in place enabling systems at all levels which involves addressing the gaps involved in correcting mismatches in manpower planning as well as infrastructure. It also aims at bridge the gap in Rural Health care services, *inter-alia,* through the cadre of Accredited Social Health Activists (ASHA) created and improved hospital are, decentralized planning, inter-sectoral convergence etc.

Better health services for common man

†1246. SHRI SURENDRA LATH : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that 50 per cent hospitals are being operated privately and taking treatment for a common man in these hospitals is fairly costly;

(b) whether it is also a fact that 80 per cent medical expenses are borne directly by the patients and the remaining 20 per cent expenses are met by Government and by the medical insurance schemes and charitable institutions; and

(c) the details of schemes formulated by Government to ensure better medical services for the common man?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) No authentic information about number of private hospitals operating in the country is available. However, private investment in the Health Sector is made primarily on market considerations except the investment made by the charitable and philanthropic institutions/organizations. There is no Central legislation/guidelines to check the expenses being charged by the private hospitals for various kinds of treatment. Patients have to incur the expenses in private hospitals and get admissible re-imbursement from the Insurance Company from which they have got themselves insured.

Ministry of Health and Family Welfare is in process to improve the health insfrastructure available in the country through various schemes such as:—

(1) Improving infrastructure in Primary Health Centres, Community Health Centres, District Hospitals through the National Rural Health Mission (NRHM).

† Original notice of the question was received in Hindi.

(2) Territiary care through Prime Minister Swasthya Suraksha Yojna (PMSSY) by setting up of 6 AIIMS like institutions and upgradation of 13 existing medical institutions.

Proposal of improve service conditions in hospitals

†1247.SHRI JAI PARKASH AGGARWAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of proposals received by the .Central Government as on date from the State Governments for financial assistance to improve the service conditions in the hospitals;

(b) the action taken on them by Government; and

(c) whether Government proposes to allot more funds to States in the current Five Year Plan for this purpose?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) to (c) All the state Governments have sent Annual Programme Implementation Plan (PIP) under National Rural Health Mission (NRHM) for 2007-08. The Plants *inter alia* include the plans for RCH II, Mission Flexible pool, Immunization and National Disease Control Programmes.

The State PIPs have been appraised by the National Programme Coordination Committee (NPCC) in the MoHFW. The Record of proceedings of the NPCC have been communicated to all the stakeholders.

Under the National Common Minimum Programme (NCMP), allocation for Health sector is being increased from 0.9% of GDP at present to 2% to 3% of GDP over the NRHM period (2005—12). As part of this mandate, higher funds have already been allocated to the states under the current Five. Year Plan.

Implementation of Reservation in Medical Institutions

1248. SHRI PRAVEEN RASHTRAPAL: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) what are the total number of medical colleges, medical institutions (such as AIIMS) in the country, State-wise, which are managed by Central Government including Railways and Defence; and

(b) whether it is a fact that Constitutional provisions on reservation for SC and ST are not properly implemented in certain institutions and AIIMS in particular?

THE MINISTER OF HEALTH AND FAMILY WELFARE (DR. ANBUMANI RAMADOSS): (a) The number of colleges in the country, State-wise is given in the enclosed Statement *(See* below). The main institutions under the Ministry including medical education are: All India Institute of Medical Sciences, New Delhi, Post Graduate Institute of Medical Education & Research, Chandigarh, Jawaharlal Institute of Post Graduate Medical Education & Research, Puducherry, Lady Hardinge Medical College, New Delhi, Safdarjung Hospital & UMMC, New Delhi, Ram Manohar Lohia Hospital, New Delhi, National Institute of Mental Health & Neuro Sciences, Bangalore, Central Institute of Psychiartry, Ranchi, All India Institute of Speech & Hearing, Mysore, All India Institute of Physical Medicine and Rehabilitation, Mumbai and All India Institute of Hygiene & Public Health, Kolkata.

† Original notice of the question was received in Hindi.